

FOR CLAIMS RELATING TO THE VALUATION OF AN EXCLUSIVELY RESIDENTIAL 1, 2 OR 3 FAMILY HOME

PART A: GENERAL INFORMATION

Section _____ Block _____ Lot _____

 Condominiums only:
 CA _____ Unit _____

Adjacent lots used as part of your home and included in your answers in parts B-G _____

Property address _____

Owner-applicant's name _____

Other owners' names _____

PART B: OWNER'S ESTIMATE OF FULL MARKET VALUE (must be completed)

I believe the market value of the property is ➔ \$ _____

PART C: CONTACT INFORMATION AND DESIGNATION OF REPRESENTATIVE

 Representative: ☒ Self, relative or other unpaid representative ☐ Lawyer ☐ Tax reduction service or other paid representative

Name _____

Address _____

Telephone _____ Fax _____ E-mail _____

ARC may or may not schedule a conference in some cases. If ARC schedules a conference, which is your preference?

☐ No conference ☐ Telephone ☐ In-person

PART D: PROPERTY INFORMATION

 Year acquired _____ Price \$ _____ Was this an arms-length sale? ☐ Yes ☐ No Approximate year built _____

 Is property offered for sale or under contract? ☐ Yes ☐ No Price \$ _____ Attach contract of sale or listing.

 Has any construction or alteration been started or completed in the past 3 years? ☐ Yes ☐ No. Cost as of Jan 2. \$ _____

 During your ownership, have you expanded the house's living area by building up or out, or by converting a porch, garage, attic or basement? ☐ Yes ☐ No. If yes, describe in the space at end of Part D or in an attachment.

 Use: ☐ 1 family ☐ Mother/daughter ☐ 2 family ☐ 3 family ☐ Condominium ☐ Other: _____

Name of development or homeowners' association _____

 What part is currently used as a residence for the owners and their families? ☐ All ☐ Part: _____ ☐ None

 Is property rented or offered for rent? ☐ Yes ☐ No Number of units _____ Rent \$ _____ Attach copies of current leases.

 What is below the main part of the house? ☐ Finished basement ☐ Unfinished basement ☐ Crawl-space ☐ Slab

Fill-in the number of: Kitchens _____ Full baths _____ Half baths _____ Bedrooms _____ Other rooms _____

 Does house have: A garage? ☐ 1 car ☐ 2 cars ☐ 3+ cars ☐ None Central air conditioning? ☐ Yes ☐ No

 In-ground pool? ☐ Yes ☐ No Waterfront access? ☐ Yes ☐ No A professional office or business use? ☐ Yes ☐ No

 Are any of these adjacent to or visible from the house? ☐ Waterfront ☐ Street with a painted center line or other traffic separation ☐ Railroad ☐ Commercial property ☐ Apartment house ☐ Golf course ☐ Park ☐ None of these

You may file your appeal on line at www.nassaucountyny.gov

Other facts: _____

PART E: ASSESSMENT REQUESTED

- a. Tentative assessment (optional) \$ _____
- b.** Applicant's estimate of full market value (from Part B) \$ _____
- c. Correct level of assessment (optional) \times _____ %
- d. Requested assessment = line b \times c \$ _____
- e. Evidence of level of assessment (optional) _____

PART F: RECENT SALES OF COMPARABLE HOUSES (optional)

List open market sales of homes similar to yours house that have recently sold. Describe any significant differences.

	Taxpayer's house	Sale #1	Sale #2	Sale #3
Section, block, lot				
House # and street				
Sale date (mo., yr.)				
Price, if known				
Comments				

PART G: STATEMENT OF CLAIM AND CERTIFICATION (must be completed)

I am the owner, a buyer under contract or a qualified fiduciary or authorized representative of the owner or buyer. I ask the Assessment Review Commission to correct the assessment by multiplying my estimate of the full market value of the property by the correct level of assessment for Class 1 property on the Nassau County assessment rolls. If the result is less than the tentative assessment, I request that the assessment be reduced to that amount.

I certify that all statements made in this application are true and correct to the best of my knowledge and belief and I understand that the making of any willful false statements of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

_____ \rightarrow _____
Date **Signature of applicant or representative**

If signed by a fiduciary, print the name and capacity of the fiduciary here _____

INSTRUCTIONS FOR FORM AR 1 See separate instruction sheet for more information

File between January 2, 2014 and March 3, 2014. File your appeal on line at www.nassaucountyny.gov. Or, complete this form and mail or deliver it to the Assessment Review Commission, 240 Old Country Road, Mineola, NY 11501. Use this form to contest the value of an exclusively residential 1, 2 or 3 family house or Class 1 condominium unit. Visit ARC's web site or call 516-571-2391 if you need other forms or instructions. Answer all of the questions in Parts A - D. Attach additional sheets or copies of documents as necessary. **Parts B and G must be completed; the application is defective if they are omitted.**